## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUs FEE
Commissioner for Patents
P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FIEE and PUBLICATION FIEE (if required). Blocks 1 through 5 should be completed where appropriate. All lurther correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

maintenance fee notification	ons.	ock 1 for any change of address1		Note: A certificate of mailing can only be used for domestic mailings of the		
, , , , ,				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
23869	7590 11/19/	2008			tificate of Mailing or Tran	
HOFFMANN & 6900 JERICHO T SYOSSET, NY 1	URNPIKE		I her State addr trans	eby certify that these Postal Service we essed to the Mail amitted to the USP	is Fee(s) Fransmittal is being its sufficient postage for fin Stop ISSUE FISE address TO (571) 273-2885, on the	ig deposited with the United ist class mail in an envelope above, or being facsimile date indicated below.
			Ji	llian J. Ro	meo	(Depositor's name)
				Gili 80	144	(Signature)
			F	bruary 17%	2009	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNIEY DOCKIET NO.	CONFIRMATION NO
10/643,315	08/19/2003		John Spiridigliozzi		760-100 CIP/RCE	3552
TITLE OF INVENTION: PLEATED COMPOSITE EPTFE/TEXTILE HYBRID COVERING .						
APPLN TYPE	SMALL ENTITY	ISSUE LEE DUG	PUBLICATION FEE OUE	PREV PAID (SSU	E FEE TOTAL FEE(S) DU	
nonprovisional	NO	<b>\$</b> 1510	\$300	\$0 1	\$1810	02.19-2009
EXAMII	NER	ART UNIT	CLASS-SUBCLASS			
PRONE, CHRISTOPHER D		3738	623-018000			
Address form PTO/SB/	ndence address (or Cha /122) attached. eation (or "Fee Address	inge of Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed			
ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for liting an assignment  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CTTY and STATE OR COUNTRY)  Boston Scientific, SCIMED, Inc.  Maple Grove, MN  Please check the appropriate assignee category or categories (will not be printed on the patent):						
	re submitted: o small entity discount of Copies	permitted)	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shuwn abuve)  \[ \begin{align*} \Delta \text{ check is enclosed.} \] \[ \begin{align*} \Delta \text{ pirector is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number \ 08-2461 \] \[ \text{ (enclose an extra copy of this form).} \]			
5. Change In Entity Status (from status indicated above)  \[ \begin{align*}     al						
	Publication Fee (if rec	uired) will not be accepte	ed from anyone other than t			the assignee or other party in
Authorized Signature /Irene A. Lippa, Reg.#60,712/ Date February 17, 2009						
Typed or printed name Irene A. Lippa Registration No. 60,712						
This collection of informan application. Confident submitting the completed this form and/or suggesti Box 1450, Alexandria, Virginia 223 Under the Paperwork Rec	ation is required by 37 (iality is governed by 3: application form to the one for reducing this but riginia 22313-1450. Di 13-1450. Di 13-1450. Di 13-1450. Di 13-1450. Di 13-1450. Di 13-1450.	CFR 1.311. The information of U.S.C. 122 and 37 CFR e USPTO. Time will varurden, should be sent to the ONOT SEND FEES OR persons are required to re-	on is required to obtain or 1.1.4. This collection is y depending upon the indinc Complete Information Offic COMPLETED FORMS Tespond to a collection of in	retain a benefit by timated to take 12 vidual case. Any c er, U.S. Patent and O THIS ADDRES formation unless it	the public which is to file (a minutes to complete, include comments on the amount of J Trademark Office, U.S. D S. SEND TO. Commission displays a valid OMB cont	ind by the USPTO to process, ling gathering, preparing, and time you require to complete epartment of Commerce, P O er for Patents, P.O. Box 1450, rol number.